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PTO/SB/17 (12-04v2)
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Under the Paperwork Reduct	ion Act of 1	995, no person are required to				a valid OMB control number		
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known					
			Application Number		10/723,559-Conf. #9954			
FEE TRA	NSI	MITTAL	Filing Date		November 26, 2	2003		
For FY 2005			First Named Inventor		Chi-Tsung PENG			
FOI I	- 1 ZU	00	Examiner Name	J. R. Bellinger 3617  No. 2519-0184PUS1  please identify): Birch, Stewart, Kolasch & Birch, LLP ad to: (check all that apply)				
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit		3617			
TOTAL AMOUNT OF PAY	MENT	(\$) 60.00	Attorney Docket	No.	2519-0184PUS	1		
METHOD OF PAYMENT	(check a	all that apply)						
X Check Credit Ca	L	Money Order No		•	· ·	& Birch II P		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s)	•	·	i i	•		cept for the filing fee		
X Charge any ad fee(s) under 3		ee(s) or underpayment o 16 and 1.17	f X Credit a	any overp	ayments			
FEE CALCULATION								
1. BASIC FILING, SEARCH	, AND EX	AMINATION FEES						
	FIL		ARCH FEES EXAMINATION FEES					
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (	Small Entity \$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)		
Utility	300	150 500		200	100			

fee(s) under	37 CFR 1.16	and 1.17		X Credit	any overpa	yments		
FEE CALCULATION								
1. BASIC FILING, SEARCH	, AND EXAM	INATION FEI	ES					
		G FEES Small Entity	SEAR	CH FEES Small Entity	EXAMIN	ATION FEES Small Entity	İ	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fees</u>	Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES							Fee (\$)	Small Entity Fee (\$)
Fee Description Each claim over 20 (includi	no Reissues)						50	25
Each independent claim over	•						200	100
Multiple dependent claims	or 5 (meraam	g recissues)					360	180
l · ·	Claims F	ee (\$)	Fee Pai	d /\$\	Mis	Itiple Depend		
7 - 20 =			100101	<u>u (v)</u>	Fee		Fee Paid (	
	^ _				100	.741	reo raia p	<u> </u>
Indep. Claims Extra	Claims F	ee (\$)	Fee Pai	d (\$)				
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3. APPLICATION SIZE FEE								
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					for small ent	tity) for each a	dditional 5	0
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l	on \$130 for	(no small an	tity discour	11)			rees	<u>raid (\$)</u>
	of. See 35 U	S.C. 41(a)(1)  Number of 150	(G) and 37 of each addi	CFR 1.16(s). itional 50 or fractional 50	ction thereof	Fee (\$)	<u>Fee</u>	Paid (\$)

SUBMITTED BY						
Signature	TreMi Kumy	Nama	Registration No. (Attorney/Agent)	32,334	Telephone	(703) 205-8026
Name (Print/Type)	Joe McKinney Muncy			_	Date	August 8, 2005
		V				

Other (e.g., late filing surcharge): 1251 Extension for response within first month

PTO/SB/22 (12-04)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number. **Docket Number (Optional)** PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) 2519-0184PUS1 **FY 2005** (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) 10/723,559-Conf. #9954 Filed November 26, 2003 Application Number LUMINESCENCE WHEEL AXLE ASSEMBLY Art Unit 3617 Examiner J. R. Bellinger This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Small Entity Fee <u>Fee</u> \$120 One month (37 CFR 1.17(a)(1)) \$60 60.00 Two months (37 CFR 1.17(a)(2)) \$450 \$225 Three months (37 CFR 1.17(a)(3)) \$1020 \$510 Four months (37 CFR 1.17(a)(4)) \$1590 \$795 Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 32,334 August 8, 2005 anature Date (703) 205-8026 Joe McKinney Muncy Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Total of forms are submitted.

08/10/2005 MBEYENE1 00000033 10723559

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